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## **Texas Department of Agriculture** *Application to Change License Structure*

**RGW-307** 

TODD STAPLES, COMMISSIONER

A	<sup>1</sup> VERIFICATION INFORMATION			
ON	Full Legal Business Name			
SECTION	TDA Client No.	TDA License No.		
	· · · · · · · · · · · · · · · · · · ·			
	1 REQUESTING LICENSE CHANGE (check only one)			
B	Add a new unlicensed facility - Complete "Grain Warehouse Schedule A."			
0	Combine 2 or more complete licenses – Complete Section C			
SECTION B	Transfer 1 or more facilities from an existing license to another license – Complete Section D			
SE	☐ Dissolve a combination license (all facilities will have a unique license no.) – Complete Section E ☐ Split a portion of a combination license into individual licenses – Complete Section F			
	Split a portion of a combination license into individual licenses – Complete Section F  Split a combination license into multiple combinations – Complete Section G			
_				
	<sup>1</sup> COMBINE EXISTING LICENSES			
	Designate TDA License No. to Keep			
	TDA License No. TDA License No.			
	TDA License No.	IDA License No.		
<i>r</i> )	TDA License No.	TDA License No.		
Z				
SECTION C	If you wish to combine more than five licenses, please fill out Schedule G			
EC	<sup>2</sup> DESIGNATE MAIN HEADQUARTERS LOCATION			
<b>6</b> 1	Facility Name			
	Physical Address			
	City	Zip Code		
	,	Zip Code		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name

	<sup>1</sup> TRANSFER FACILITIES TO EXISTING LICENSE					
		Existing TDA License No. to Transfer From	Name of Facility Transferring			
		Physical Address				
	M	City	Zip Code			
	RO					
	TRANSFER FROM	If you wish to transfer more than one facility from this license, please complete Schedule G				
		Will the main headquarters change as a result of this transfer?				
	SN	If yes, please designate a new headquarters for the above license number.				
D	TRA	Name of Facility to be New Headquarters				
SECTION D		Physical Address				
CT						
SE		City	Zip Code			
		Existing TDA License No. to Transfer To				
	(	Will the main headquarters change as a result of this transfer? Yes No				
	TO	If yes, please designate a new headquarters for the above license number.				
	TRANSFER	Name of Facility to be New Headquarters				
	SN					
	<b>IR</b> A	Physical Address				
	L '	City	Zip Code			
		City	Zip Code			
	1					
		<sup>1</sup> DISSOLVE A COMBINATION LICENSE				
	De	signate which facility will keep existing license no.				
I E	Facility Name					
SECTION E	Physical Address					
	I II					
	Cit	у .	Zip Code			
	Ple	ease complete "Grain Warehouse Schedule A" for each remaining facility.				

Legal Business Name

	<sup>1</sup> SPLIT A PORTION OF COMBINATION LICENSE INTO INDIVIDUAL LICENSES					
	Pl	Please complete "Grain Warehouse Schedule A" for each facility to receive an individual license.				
	W	Will the main headquarters change as a result of this split?				
N F	If yes, please designate a new headquarters for the above license number.					
SECTION F	Facility Name					
	Physical Address					
	C	City Zin Code				
	C.	ity	Zip Code			
$\Box$	1	<sup>1</sup> SPLIT A COMBINATION LICENSE INTO MULTIPLE COMBINATIONS				
	D	Designate main headquarters that will keep existing license no.				
	Facility Name					
	Physical Address					
	City		Zip Code			
	List any other facilities that will keep this license no.					
		Facility Name				
$\mathbf{S}$		Physical Address				
SECTION G		City	Zip Code			
	Facility Name					
	Physical Address					
		City	Zip Code			
	Facility Name					
	Physical Address					
		City	Zip Code			
	If	more than three locations, please complete schedule H.	•			

Legal Business Name

	D	Designate Main Headquarters of the next license grouping.					
	Fa	Facility Name					
	<u> </u>						
	Pł	Physical Address					
	Ci	City		Zip Code			
	Li	List any other facilities that will be part of this group.					
		Facility Name					
N'T		Physical Address					
J (CO)	City Zip Code		de				
SECTION G (CON'T)		Facility Name					
SEC		Physical Address					
		City	Zip Coo	de			
		Facility Name					
		Physical Address					
		City	Zip Code				
	Pl	Please complete "Grain Warehouse Schedule A" for each facility in this license group.					
	If	If you make additional groups, please complete Schedule H.					
		<sup>1</sup> SIGNATURE					
HN		Application is hereby made to increase or decrease grain warehouse capacity, pursuant to Chapter 14 of the Texas Agriculture Code, as amended, and the department's rules promulgated thereunder.					
<b>SECTION H</b>	Applicant Name			Title			
SE	Applicant Signature			Date / / month day year			